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**CONFIRMATION NO. 4240**

## Bib Data Sheet

SERIAL NUMBER 10/720,616	FILING OR 371(c) DATE 11/24/2003 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 03-12495
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## **APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/318,552 12/13/2002  
which is a CIP of 10/087,135 02/28/2002 PAT 6,648,812  
which claims benefit of 60/272,384 02/28/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 02/23/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

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## TITLE

# MAGNETIC FOOT THERAPEUTIC APPARATUS AND METHOD

<b>FILING FEE RECEIVED</b> 624	<p>FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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